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DUKE POWER

September 20, 1996

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555

Subject: McGuire Nuclear Station, Units 1 and 2
Docket Nos. 50-369 and 50-370
NRC Inspection Report No. 50-369, 370/96-06
Violation 50-369,370/96-06-03
Reply to a Notice of Violation

Gentlemen:

Enclosed is a response to a Notice of Violation dated August 23, 1996 concerning a failure to incorporate vendor reactor trip breaker information into plant procedures.

Inspection Report 96-04 dated August 23, 1996, section E7.1 (a), page 22, stated " The root cause of the cracked assembly was determined to be stress induced from over-torquing of the assembly during replacement in September 1994." That conclusion was consistent with preliminary root cause work at the time. Upon further investigation using the McGuire Failure Investigation Process (FIP) the root cause of the cracked assembly was determined to be lack of good breaker handling practices during corrective and preventative maintenance. A contributing factor was stress induced to the reactor trip breaker contact block assembly from overtorquing during breaker replacement in September 1994. Not related to this violation, McGuire plans additional review of vendor manual references.

Should there be any questions concerning this response, contact Randy Cross at (704) 875-4179.

Very Truly Yours,

T. C. McMeekin

Attachment

IE01

xc: (w/attachment)

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U. S. Nuclear Regulatory Commission
September 19, 1996

bxc: (w/attachment)

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McGuire Nuclear Station
Reply to a Notice of Violation

Violation 50-369,370/96-06-03

10 CFR 50 Appendix B, Criterion V, "Instructions, Procedures, and Drawings," requires that activities affecting quality be prescribed by documented instructions, procedures, or drawings, of a type appropriate to the circumstances. Instructions, procedures or drawings shall include appropriate quantitative or qualitative acceptance criteria for determining that important activities have been satisfactorily accomplished.

Contrary to the above, the licensee failed to promptly incorporate vendor recommended torquing guidelines for the reactor trip breaker secondary contact assembly prior to performing maintenance in September 1994. This contributed to the subsequent failure of the secondary contact assembly block for the 1RTB reactor trip breaker during surveillance testing on July 1, 1996.

This is a Severity Level IV violation (Supplement I).

Reply to Violation 50-369,370/96-06-03

1. Reason for the violation:

   The reason for the violation is the vendor technical information review process was inadequate because a process improvement developed had not been fully implemented when the Westinghouse manual was received in the General Office in February 1994. This Westinghouse manual was one of two vendor manuals received in February 1994, prior to implementation of the process improvement (note a January 1994 audit was conducted for prior submittals - section 2.a. below). Subsequent investigation indicated that the other vendor manual was processed in a timely manner. In March 1994, the Operating Experience Assessment (OEA) group in the General Office implemented a process change to require OEA to initiate a site Problem Investigation Process (PIP) to track the implementation of site minor modifications written to revise applicable Technical Manuals/Design Documents or the incorporation of recommended site procedure changes. On June 9, 1996, Nuclear System Directive (NSD) 204 "Operating Experience Program (OEP) Description", section 204.7.1 "Vendor Technical Information", was revised to address this process change. The failure of the accountable McGuire engineer to ensure that a prompt review of the Westinghouse manual was performed upon receipt of the manual from OEA in March 1994 was a contributing factor.

2. Corrective steps that have been taken and the results achieved:

   a) In response to the Unit 2 LOOP event, a vendor technical information audit was performed in January 1994 by McGuire Engineering to identify any vendor documents that had been received onsite but not included into a controlled program. Several documents were identified and prompt corrective action was taken. However, the Westinghouse manual had not been received by Duke Power Company at the time this audit was performed.

   b) In late 1994, an OEA audit of all open vendor technical information items determined that the Westinghouse manual had not been incorporated into the McGuire Document Control

Program and the applicable maintenance procedures had not been revised. A McGuire PIP (0-M95-0312) was initiated on February 9, 1995 to track completion.

c) On January 23, 1995, the Westinghouse manual was incorporated into the McGuire Document Control Program and on February 9, 1995 Engineering placed maintenance procedure IP/0/A/2001/04 "Westinghouse DS-416 Air Circuit Breaker Inspection and Maintenance (Reactor Trip Breakers)" on administrative hold to prevent use.

d) To ensure consistency between McGuire and Catawba, a generic RTB maintenance procedure was developed and issued for McGuire and Catawba. On October 12, 1995, Standard Issue procedure SI/0/A/2410/001 "Westinghouse DS-416 Air Circuit Breakers Inspection and Maintenance" replaced McGuire's maintenance procedure IP/0/A/2001/04. This generic procedure incorporated a reference to the assembly torquing guidelines in the Westinghouse manual.

e) OEA management emphasized to OEA Champions the importance of tracking site assigned actions for vendor technical information. This corrective action was completed on September 3, 1996.

f) OEA performed an audit of all vendor manual updates received in 1994 entered into the Operating Experience Program (OEP) to ensure that the manual updates were reviewed in a timely manner and any required actions completed. This audit verified that the manual updates were handled properly. This was completed on September 17, 1996.

No similar events have occurred since implementation of these corrective actions.

3. Corrective steps that will be taken to avoid further violations:

a) The details of this violation and the importance of adherence to the current vendor manual review process will be discussed with all site Engineering and Engineering support personnel during scheduled continuing training sessions. This corrective action will be completed by December 31, 1996.

b) OEA will develop a Champion Tracking Report to assist OEA Champions in tracking the completion of site assigned actions for vendor technical reviews. This corrective action will be completed by October 15, 1996.

4. Date when full compliance will be achieved

McGuire Nuclear Station is now in full compliance with 10 CFR 50 Appendix B, Criterion V. The corrective actions addressed in section 3 of this response are enhancements to the existing process and will be completed by December 31, 1996.